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ABSTRACT

This comprehensive bibliography, designed for those in self-help and paraprofessional practice, is organized around five major topics: (1) Community Mental Health and Community Psychology (100 pages); (2) Counseling Psychology; Counselor and Higher Education (55 pages); (3) Social Work and Social Services (22 pages); (4) New Careers: Career and Manpower Development (48 pages); and (5) Allied Professions and Disciplines (69 pages). The introduction includes a definition of the scope of the major areas, and a discussion of the nature of paraprofessional work, factors which fostered the use of paraprofessionals, and the rationale for self-help and paraprofessionalism; and an overview of the paraprofessional movement. A supplementary listing of 17 smaller, less comprehensive bibliographies on the topic is also included in the introduction. The more than 2,000 citations from books and journals are arranged alphabetically, by author, within each of the five major sections. (AG)

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BIBLIOGRAPHY OF SELF-HELP, PEER COUNSELING

AND PARAPROFESSIONALS IN THE HUMAN SERVICES

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INTRODUCTION

The avalanche of literature treating self-help and paraprofessionals in the human service fields visibly attests to their increasing importance. The jobs, careers, and volunteer activities of millions of people are encompassed by these terms. This classified bibliography gives a relatively complete view of such paraprofessionalism but is most fully developed in mental health services. It's global categories include profession, academic discipline or field of endeavor, yet are not refined into job function, training, evaluation, and so forth. Because typical articles or reports contain a composite of program activity, training information, evaluation and future plans, they do not lend themselves to clean-cut differentiation. Cross-referencing such units would have been extremely burdensome and redundant. Some of the bibliographical units included are, however, annotated within the ERIC system.

Our work might be especially useful to those engaged in self-help and paraprofessional practice, thereby eliminating duplication of effort by individuals fully occupied with such applications. The paraprofessional literature now exemplifies a continuous and steady process, so it is virtually impossible to have a sense of completeness, or to feel currently updated.

We have scanned units across different professional activ-

ities and turf since our intention is to seek cross-discipline regularities and consistencies. We want comprehensiveness at the cost of detailed annotation or rigorous sub-classification. Classifications are in the most general terms for the following five categories:

(1) COMMUNITY MENTAL HEALTH AND COMMUNITY PSYCHOLOGY.

The community mental health approach has been strongly supported by the National Institute of Mental Health, among other government agencies, so it's no surprise such philosophy and practice underlies and affects all of the categories. The community approach is significant because it best serves the most people--theoretically it could contribute to the well-being of nearly everyone. Efforts here are focused on primary and secondary prevention with emphasis upon the development of human potential as well as upon curing mental dysfunctions or disturbances. Human ecology and social systems analysis became fundamental intellectual underpinnings.

(2) COUNSELING PSYCHOLOGY; COUNSELOR AND HIGHER EDUCATION.

These topics, as well as Social Work, also emphasize "community" characteristics--the decentralization, integration, comprehensiveness and efficiency of service delivery; community participation; varied and diverse staffing; roles of trainer, consultant and supervisor for the professional; indeed, the professional as one of the originators and planners of the paraprofessional program activity. Counseling emphasizes application in educational settings, and the care that must be taken in the recruitment, selection, training and supervision of paraprofessionals.

(3) SOCIAL WORK AND SOCIAL SERVICES.

These areas illustrate the varied roles which may be undertaken by those without formal professional training or complete academic credentials. The importance of thorough and timely supervision for the paraprofessional who enters the hierarchy of professional

tasks is underscored here.

(4) NEW CAREERS: CAREER AND MANPOWER DEVELOPMENT.

These classifications shift our focus to economics, status and the other occupational considerations of nonprofessional career development. This literature emphasizes career ladders and lattices, the mobility of workers through education and job-linked training. Here are the efforts of those who have personally conquered a disability or disease (A.A., Synanon, Daytop) and the expansion of mental health roles of family members such as parents or grandparents. Overall manpower considerations in fields such as education, mental health, child welfare, law and medicine are also placed within this grouping.

(5) ALLIED PROFESSIONS AND DISCIPLINES.

Here we have included literature concerning direct service from orthopsychiatric assistants, physicians' assistants, psychiatric aides, teacher aides, clergy, etc. Topics that do not readily fit into one of the other groupings have been included, together with nonprofessional innovations in corrections, health, child care, rehabilitation, and geriatrics. Expansion of mental health features and roles of other professions is key here.

Paraprofessionals and peer counselors are sometimes called nonprofessional, pre-professional, sub-professional or "new professional" and they have such jobs as aides, lay therapists or psychological technicians. Academic training, certification or professional licensure are usually limited, while the educational and socioeconomic levels of peer counselors and paraprofessionals may cover a wide range. Peer counselors or indigenous paraprofessionals are drawn from populations as different, even unlikely, as former delinquents, alcoholics, drug addicts, convicts, psychiatric patients, parents and homemakers. These

people try to serve or represent those like themselves on the theory that similarity promotes empathy, understanding and effective service.

Expectations of paraprofessionals have usually gone far beyond simply helping people similar to or "like themselves." Paraprofessionals were to help change the system; help professionals widen their horizons; remain untainted by the inequality of the social, educational and mental health systems; build upon both formal and informal support systems; and they were, last, to help the rest of us learn methods and approaches not originally part of our training or experience as police, ministers, lawyers, psychologists or parents.

Factors which stimulated and fostered the use of paraprofessionals in the human services are varied and complex, so only a few may be highlighted. The contemporary impetus was during the 1960's, but other roots may be traced to late 18th or early 19th century events. Key factors have been:

- (1) The Johnson Administration's "War on Poverty," with its increased services to the poor and heavy manpower demands.
- (2) The Joint Commission on Mental Illness and Health's 1961 report, Action for Mental Health, which recommended that a national manpower recruitment and training program be launched which emphasized on-the-job training for sub-professionals.
- (3) The New Careers program of 1967, in accordance with Title II A of the Economic Opportunity Act of 1964, which stipulated "maximum feasible participation" of those to be served.

The history of mutual aid and self-help suggests that humans are biological individuals but also social beings, that they must satisfy their own needs while at the same time cooperating and helping each other in order to survive and adapt. Cooperation and justice were exemplified even in pre-literate societies. Precursors of mutual help are seen in the early village, the community, and medieval cities, which were suppressed during the Dark Ages but alive and well again by the time of the Middle Ages. The poor, the underprivileged and the powerless now constitute the primary motive force towards mutual aid.

European social life had the Free Masons and the Friendly Societies as well as a number of other informal groups which provided support and refuge for their members. Utopian communities and the trade unions are clear examples of mutual aid or self-help in contemporary United States history. The union self-help approach was extended to wages, benefits, child labor laws and the education of its workers. Throughout history, people have needed help, support, and solace from fellow human beings, to give and receive support when appropriate.

The rationale for self-help and paraprofessionalism includes the following features, benefits, and causes which are relevant to consumer, self-helper, paraprofessional, service delivery system and society at large:

1. Shortages of highly trained human services personnel.
2. Create new jobs in public sector and increase employ-

ment among poverty groups.

3. Extend services to minorities and lower socioeconomic groups.
4. Major social trends: (2) disintegration of family unit; (b) poverty; (c) social isolation; (d) technology--its effects.
5. More efficient use of professionals' time and energy --can do other things.
6. Bridge gap between professionals and clients.
7. Non-professional gets more trust and less hostility from client.
8. Paraprofessional is model for self-help in his or her own community.
9. Beneficial effect on paraprofessional's living style, level of training, etc.
10. Rehabilitative to the poor, addicts, delinquents, etc.
11. Paraprofessionals gain: belongingness, competence, meaningful contribution, dignity, etc.--helper-therapy principle.
12. Economic benefits: rehabilitation, welfare, unemployment, and criminal justice costs reduced; paraprofessional earnings increased.
13. Buffer-absorb criticism of underserved groups.
14. Paraprofessionals bring special skills to service delivery.
15. Brings more regular input from consumers into the system concerning needs and services.

How has this social movement fared? The terms paraprofessional or peer counselor refer to workers, jobs and volunteers, but also characterize socio-political events which gained legal, moral and philosophical momentum in the 1960's. The success or failure of paraprofessionalism appears to depend on one's viewpoint and target, whether it be society, the individual, paraprofessionals or the delivery of human services. Many objectives were originally assigned to undereducated and relatively untrained people, that almost any degree of success might be surprising. Serious criticisms of the methods of evaluation or

assessment in this body of literature abound, so it seems that the paraprofessional and those who develop their programs must eventually find some form of local blueprint for evaluation. They need to ascertain whether assessment can help, for whom it is intended, give it a focus, plan it early and provide alternate methods for its conduct. The next step in paraprofessionalism will be sound, meaningful and, where possible, cost-benefit evaluation which speaks to multiple audiences.

Society and its major institutions have not yet been dramatically altered by this movement, with the possible exception of service delivery in several of the professions, including mental health, counseling and education. But innovative services have been shown to be relatively effective and economical, as well as popular, especially in those areas which professionals have neglected, avoided, or for which they have been unsuited. The less territorial strife, the more welcome paraprofessional service and self-help has been.

Evidence of the economic viability and individual career development for paraprofessionals is very discouraging. Without formal education or credentials, many paraprofessionals have faced dead-end jobs with the stagflation of the 1970's only compounding their personal disappointments. Many writers feel that the ultimate salvation of the paraprofessional concept and movement, with proven economic and vocational last-

ingness, will not occur without complete cooperation from higher education. They argue that the key to innovative learning and sound field-based experience and supervision is stuck in the doors of our colleges and universities. The harsh realities of professionalism have intruded into a movement whose original philosophy was seen as anti-professional, if not anti-intellectual.

A natural link is now sought between jobs, training, motivation and the credentialing authority of higher education. Many writers suggest that universities can provide fertile ground and innovative training efforts. Moreover, universities or colleges have undergone painful institutional reform, themselves, as a product of such academic programming. The advocates of paraprofessional programs have argued forcefully that the universities must change in respect to their programming needs, and that paraprofessional students are successful catalysts for such reform.

This bibliography is not entirely new but builds serially upon the work of others. It reflects a cumulative process, re-discovering some units that are found in smaller, less comprehensive attempts. We list several of these at the end of this introductory statement, both to help the reader examine the leads which we developed and to credit the monumental efforts of others. All of us have built upon the painstaking efforts of the ERIC system, and the major bibliographic indices and journals in such fields as psychology, social work, education and mental health.

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SECTION I

COMMUNITY MENTAL HEALTH AND

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SECTION II

COUNSELING PSYCHOLOGY;
COUNSELOR AND HIGHER EDUCATION

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SOCIAL WORK AND SOCIAL SERVICES

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SECTION IV

NEW CAREERS:

CAREER AND MANPOWER DEVELOPMENT

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SECTION V

ALLIED PROFESSIONS AND DISCIPLINES

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